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		1	Attorney Doc	ket Number				
DECLARATION I DES		YOR	First Named		MICHAE		PROSEK	
PATENT AP	N	COMPLETE IF KNOWN						
(37 CF	L_	Application N	umber					
Declaration	Declarati	on	Filing Date					
Submitted OR With Initial	Submitted after Initial Filing (surcharge	d after Initial	Art Unit					
Filing		1.16 (e))	Examiner Na	me				
I hereby declare that:				·				
Each inventor's residence, mai	iling address, a	nd citizenship are a	as stated be	low next to th	neir name.			
I believe the inventor(s) named which a patent is sought on the	d below to be the	e original and first	inventor(s)	of the subjec	t matter which	is daime	d and for	
MICHAEL								
4766 MARSI								
TACKSONVIL	LE, FR	ORIDA 3	3222	YU.	S.A			
		(Title of the	Invention)					
the specification of which								
is attached hereto								
OR			_					
was filed on (MM/DD/Y	vvv)		as Unite	ed States App	plication Numb	er or PC	T International	
Application Number		and was amende	d on (MM/D	D/YYY) [			(if applicable).	
I hereby state that I have revie amended by any amendment	wed and under	stand the contents	of the abov	e identified s	pecification, in	cluding t	he claims, as	
			rial ta pata	ntobility oo c	lafinad in 27 (	CED 1 5	6 including for	
I acknowledge the duty to discontinuation-in-part application and the national or PCT intern	ns, material info	ormation which be	came availa	ible between	the filing date	of the p	orior application	
I bereby claim foreign priority	benefits unde	r 35 U.S.C. 119(a	)-(d) or (f).	or 365(b) of	any foreign a	pplication	n(s) for patent,	
inventor's or plant breeder's ri country other than the United	ights certificate	(s), or 365(a) of ar	ny PCT inte nd have also	mational app a identified be	lication which elow, by check	designat ing the b	ed at least one lox, anv foreign	
application for patent, inventor	r's or plant bree	der's rights certific	cate(s), or an	ny PCT interr	national applica	ation hav	ing a filing dat	
before that of the application of	n which priority	is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing		Prior Not Cla		rtified Co Yes	opy Attached? s No	
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Additional foreign applica	tion numbers a	re listed on a suppl	lemental prid	onity data she	et PTO/SB/02	B attache	ed hereto.	

[Page 1 of 2] This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	Customer	r Number:		OR 🔀	Corres	pondence address b low
Name						
MICHAEL O	E. PROS	iek				•
Address						
4766 MARS	H HAMM	nock DRI	IVE EA	)		
City TACKSONVILLO	<u> </u>		State FLOR	IDA		ZIP 32224
Country U. S. A.		Telephone 904-992-4	_	B ·		
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz	ments made herei e true; and furthe ade are punishable	ein of my own knowl her that these state le by fine or impriso	vledge are true tements were	e and that all made with	statement	ents made on information
NAME OF SOLE OR FIRST IN	IVENTOR:	Ар	etition has bee	en filed for thi	is unsign	and inventor
Given Name (first and middle [if any])	E	Family Name or Surname PROSEK				
	I Eug	gue D		<u></u>		Date 10-30-03
Residence: City  TACKSON VILLE	State FLORII	1200	Country U.S. 6	<i>4</i> ).	Citizens	nship J. S. A.
Mailing Address 4766 MARSH	HAMM	10CK DR	1VE 6	:4ST		
City JACKSONVILLE	State FLORIÙ	DA	ZIP 3 2	2224		Country U. S-A,
NAME OF SECOND INVENTO	/R:		A pe	tition has bee	en filed fo	or this unsigned inventor
Given Name (first and middle [if any])			Fan	mily Name Surname		
Inventor's Signature					T	Date
Residence: City	State		Country		Citizens	ship
Mailing Address	•					
City	State		ZIP		Country	,
Additional inventors or a legal repr	presentative are being	named on the su	polemental sheet/	/e) PTO/SR/02A		technik hamta

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention ADJUSTABLE LENGTH CANNULA						
As the below named inventor(s), I/we declare that:						
This declaration is directed to:						
The attached application, or						
Application No, filed on,						
as amended on(if applicable);						
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVENTOR(S)						
Inventor one: MICHAEL E. PROSEK						
Signature: Michael E. PROSEK  Citizen of: U. S. A.						
Inventor two:						
Signature:Citizen of:						
Inventor three:						
Signature:Citizen of:						
Inventor four:						
Signature:Citizen of:						
Additional inventors or a legal representative are being named onadditional form(s) attached hereto.						

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

### In the United States Patent and Trademark Office

#### OATH OR AFFIRMATION

### I, MICHAEL E. PROSEK

# DO SOLEMNLY SWEAR OR AFFIRM THAT IF ADMITTED TO PRACTICE BEFORE THE UNITED STATES PATENT AND TRADEMARK OFFICE:

I will observe the laws and rules of practice of the United States Patent and Trademark Office.

I will maintain the respect due to the United States Patent and Trademark Office and the officials thereof.

I will not counsel or maintain any application or proceeding which shall appear to me to be unjust, nor will I take any action except such as I believe to be honestly debatable under the law.

I will employ for the purpose of maintaining the causes confided to me such means only as are consistent with truth and honor and will never employ political influence nor seek to mislead the officials of the Office by any artifice or false statements of fact or law.

I will maintain in confidence and preserve inviolate the secrets of my client and will accept no compensation in connection with his or her business except from him or her with his or her knowledge or approval.

I will abstain from all offensive personality and advance no fact prejudicial to the honor or reputation of a party or witness unless required by justice of the cause with which I am charged.

I will not delay any man's cause for lucre or malice.

Signature of Applicant

Submitted and sworn to, or affirmed before me this 30

DENISE A. ZIELSKE
Notary Public, State of Florida
My comm. exp. Oct. 3, 2006
Comm. No. DD 155259

Signature of Notary Public

/day of Uctuber